

September 15, 2016 SBOE Update- Testimony

Karl Kanthak, Mt Pleasant School Board

Thank you for the opportunity to talk. I first addressed the board last November in Vancouver with the intent to alert you to the possible unintended consequences if a bill eliminating non-medical vaccine exemptions were passed. California has now done so and can be a cautionary tale about the effects we can expect.

Let me preface this by stating nothing I say today is intended to discourage anyone from vaccinating, I am strictly addressing the implementation complications of ending the nme.

I have a bit of background reminder, and then newspaper articles to explore the issues.

The CA bill was passed with the Legislature having what have turned out to be mistaken assumptions;

That legislation was somehow targeting and primarily impacting the fully unvaccinated. It turns out that there are very few zero vaccine children in public schools, most of them are already in alternative education situations. When the Washington school attendance rules were adopted in 1980 children received 4 to 7 injections- 3 or 4 DPT, an MMR or one each of a single measles, mumps, and rubella injection, and a couple of oral polio doses. Today a Washington child who is in state licensed facilities from birth through High is subject to seven, 2 to 6 injection vaccine series, a total of 26 injections. An exemption is needed to skip any single injection in any series. The typical exempting family is or has vaccinated, and is using an exemption to avoid a follow up in a series they think caused a reaction, or to avoid a specific series they do not agree with, usually the recently added Hepatitis B or Chicken Pox. What does this look like in the real world? Vashon Island is a 1600 or so student district. In that district over 60 children are complete for the entire schedule except the Hepatitis B vaccine. The at school infection risk for is so low a known infected Hepatitis B child is allowed unrestricted attendance, just like HIV positive students. Banning nme could cost Vashon 60 FTE. These children are absolutely no safety risk to the other children- even if they had Hepatitis B. Another example is Salmon Bay K-8 Alternative, a 600 student school, 40 children have all vaccines except Chicken Pox. 10 years ago Chicken Pox was not a requirement, 20 years ago the vaccine wasn't licensed yet and the school was 100% unvaccinated for Chicken Pox. Should these students be barred from school? Is a family who is doing all but all 3 Hepatitis B injections, or both Chicken Pox injections a problem?

Families will just start vaccinating if the law is changed. As seen above most of them already are or have vaccinated. The social and medical pressure to vaccinate is immense, and no parent does so casually. These are long considered decisions to which the parents are quite committed. In California parents are moving to alternative education in record numbers, and some are even leaving the state. This has put schools and districts in a difficult position.

Please be certain that education interests are properly represented in any discussions.

Alert & Advisory to WA School Superintendents, Administrators, & Directors
Oppose legislation that restricts or eliminates non-medical vaccine exemptions

In February, 2015, Representative June Robinson, MPH, dropped House Bill 2009, legislation to eliminate the most used school attendance non-medical vaccine exemption. The bill was in committee and could have moved during both the 2015 & 2016 sessions.

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HB 2009 - 2015-16
Concerning exemptions from immunizations for school-age children.

1 ~~(e) A written certification signed by any parent or legal~~
2 ~~guardian of the child or any adult in loco parentis to the child that~~
3 ~~the signator has either a philosophical or personal objection to the~~
4 ~~immunization of the child)).~~

If HB2009 had passed as introduced, without any mitigating amendments for grandfathering current exemptions, a phase in process, waivers for certain districts or schools, etc., 90 days after signing 41,000 plus Washington children would no longer be allowed to attend school.

HB2009 was not offered in response to a request from the Education system after the Education system had:

- Identified a problem with vaccination rates or exemption overuse.
- Tried to remedy this problem internally, and failed.
- Determined the PBE was the problem and needed legislation for it to be eliminated.

Instead, the medical industry sponsors of this bill did not even notify the Education system that it was in play, much less consult with the Education system to confirm and coordinate:

- If the legislation is necessary to address a problem.
- Would the legislation achieve a desired remedy?
- If this legislation can be harmonized with State and Federal education regulations.
- How to deal with the practical concerns of implementation.
- How to enact the bill with a minimum of disruption to the affected families & districts.

**What would be the effect on your district or school
if you were required to exclude every student with
anything less than 100% of all vaccine injections-
16 required for Kindergarten & 17 required for 6th-12th grade enrollment?**

Action Item- *Notify your Professional Association, State Senator & Representatives-
We don't need this bill, and don't let Medical Trade Groups set education policy.*

Oppose legislation that restricts or eliminates non-medical vaccine exemptions

In 2015 California passed SB277, a similar bill, which was also imposed upon the Education system by outside medical trade groups lobbyists. There was no coordination with the Education system for need, conformity to laws, implementation strategies, and workability. In fact, in anticipation of the since filed Federal Lawsuit the CA Education department refused to offer implementation directions to districts, trying to shift all liability for education violations to the Health Department.

The impact on the California education system was immediate.

- Opposition parent groups formed and have become fixtures at board meetings.
- Districts are scrambling to figure out how to exclude students from regular classes without violating State and Federal education requirements.
- Districts are trying to find ways to keep FTE from leaving their systems to retain numbers for funding formulas. Some Districts are having to create parallel instructional paths.
- Record numbers of children are shifting from the public system to home schooling, online and charter schools that are outside the vaccine rule. Some families have even left the state.
- A Federal Lawsuit with multiple individual and group plaintiffs against the State Education Department, specific districts and individuals was filed July, 1, 2016, the first day of implementation. Individual families are suing home districts to provided services.

Here is a screen shot of a San Francisco School District Parent opposition group website, which has filed FOIA requests, videos meetings, and whose newsletter signoff is "We are not going away".

<p><i>SF F R E E - Let's keep kids in the schools where they belong !</i></p> <p><small>San Franciscans For REAL Education Equity - Advocating for the Rights of Children and Families under SB 277</small></p> <p>Well, we actually <i>did</i> get a response from Board President Murase two weeks ago, a terse email stating,</p> <p>"Given the board's adopted position, I think it unlikely that further public hearings will be conducted."</p> <p>Which is, of course, UNACCEPTABLE, considering the Board last spring adopted its position hastily, without public input, and amid hysteria about a measles outbreak that ended up staying small and contained, <i>proving the system works</i>. FURTHER PUBLIC HEARINGS ARE ENTIRELY APPROPRIATE AND SHOULD BE CONDUCTED!</p> <p>We have filed a <u>Public Records Request</u> seeking transcripts of SFUSD Board Committee Hearings and other documents relevant to the Board's decision to endorse SB 277. We want to see the EVIDENCE-BASED reasons they concluded it is a good idea to strip certain students of their rights.</p> <p>Stay tuned....</p> <p>We are not going away!</p>	<p><i>SF F R E E - Let's keep kids in the schools where they belong !</i></p> <p><small>San Franciscans For REAL Education Equity - Advocating for the Rights of Children and Families under SB 277</small></p> <p><i>NOW YOU SEE HER...</i></p>  <p>02:12:08 / 04:22:08</p> <p><i>NOW YOU DON'T!</i></p>  <p><i>#RACHELRAN</i></p> <p>02:13:37 / 04:22:08</p>
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Oppose legislation that restricts or eliminates non-medical vaccine exemptions

Vacaville school district is setting up a parallel education system for those that do not wish to comply to 16/16 injections or 17/17 injections, attempting to avoid litigation and to keep the FTE funding within their district. <http://www.dailyrepublic.com/news/vacaville/vacaville-schools-provide-learning-options-for-children-not-vaccinated/>

Parents are going so far as to move out of state to avoid the impact of SB277

June 23 at 10:56pm

Shortly after SB277 passed my husband and I decided we would start the process of leaving California. After 3 days on the market, 7 offers, and countless hours of preparation, we have sold our home. Tomorrow we make the big move into a short term rental before leaving California for good. Please keep our family in your thoughts and prayers. We know we are making the right decision for our 2 children, but it doesn't make selling our first home any easier. Thank you!



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Education

Vacaville schools provide learning options for children not vaccinated

By Daily Republic staff

From page A4 | March 24, 2016

VACAVILLE — School officials in Vacaville are making plans for families who have unvaccinated children to continue their children's education.

The changes prompted by Senate Bill 277 will take effect July 1, which means that children without current vaccinations will no longer be able to attend California schools or day care centers.

The Vacaville School District's Independent Study Program is an alternative offered for children in the area. The district recently created a school principal position for the Independent Study Program and appointed Manolo Garcia as principal, according to a school district press release.

Today is the day!!! Here is the passion project I've been working on for the past few months. This tool has come out of my deep desire that all California families find the support and care they need during this difficult time of dealing with sb277. I don't want any family to have to cave on their wishes and standards regarding their child's health and safety while we battle this thing in the courts, so if the only way to help families stay strong in their desires for delayed... See More

sb277homeschool.com

Does CA bill sb277 have you considering home school?

Other parents are now homeschooling in record numbers to avoid the mandates.

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sb277homeschool.com

Helping California families affected by senate bill 277 to better understand the homeschool opportunity available to them and how to get started right away.

SB277HOMESCHOOL.COM

Action Item- Notify your Professional Association, State Senator & Representatives-
We don't need this bill, and don't let Medical Trade Groups set education policy.

This article details that exempting parents are very committed to their decision and largely impervious to a rule change, and will instead homeschool. Bill supporters misrepresented that ending exemptions will “raise” vaccination rates. The schools may measure higher, but mostly because exempting families will have left, and there will be very few new vaccinations.

LOCAL NEWS

<http://www.redding.com/news/local/new-state-vaccine-law-could-cause-enrollment-problems-3a6fb524-67bc-3ae7-e053-0100007fcab1-390814921.html>

New state vaccine law could cause enrollment problems

"There's a public perception out there that suddenly and magically, starting with this school year, everybody is going to be in vaccination compliance, and it's just not true," Rice said.

"People have moved out of the state as a result of this; the whole notion of government mandating vaccines, I think, created a turning point for some people," said Jeff Rice, founder and director of APLUS+, an association of personalized learning schools and resources.

But for others — particularly very small schools — even what would be a small drop in enrollment at other schools could pose a financial crisis.

Stethoscope wrapped around hundred dollar bills

By Alayna Shulman of the Redding Record Searchlight

But Rice said most of these families won't be so easily swayed by a new law.

"If ... they believe that the school is now forcing them, then it's likely that they will make a different choice rather than comply," he said. "I think there's a higher concentration of families who are ... more of the mind to say, regardless of what the government says, my principles tell me that I should have the choice, and therefore I'm going to make a choice based on principle rather than simply complying with the government says."

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This article describes administrator angst at now being the “vaccination police”, a small district potentially losing \$215,000 in funding, a family electing for a spouse to stop working to homeschool, and school districts trying to meet IEP student requirements.

Article describing the issues with SB277 Implementation
“And, almost assuredly, they will be turning some children away.
That’s a new and uncomfortable position for many of them.”

North Coast
Journal
of Politics, People and Art

HUMBOLDT COUNTY, CALIFORNIA

this week ncj daily

Prepare for Impact

A new vaccination law has school administrators caught between a needle and a hard place

BY THADEUS GREENSON

“We are very frustrated that we are now the immunization police,” said Julia Anderson, the executive director of Beginnings in BriceLand, which includes Skyfish elementary school and a child care center. “This new law has a lot of parents in a total uproar.”

“(Lawmakers) definitely put it in the laps of the schools when they made that law,” said Steffano-Davis reflectively. “I’m hoping children can go to school. That’s what I want to see. I want to educate kids.”

It’s not difficult to understand why administrators would be on edge given what’s at stake. In California, school funding is tightly tied to enrollment and attendance. That means parents’ deciding that homeschooling their children is preferable to vaccinating them has a direct impact on school budgets and, consequently, staffing...

Consider the case of Coastal Grove Charter School in Arcata, a Waldorf inspired school that serves about 230 students in kindergarten through eighth grade... 19 Kindergartners and nine 7th graders had PBE’s... If those numbers carried over to this year, the school would have to turn away 28 students, or about 12 percent of its student body...

Going back to Coastal Grove, if the school were to see those 28 students vanish from its rolls this year, that would represent a funding reduction of more than \$215,000...

Of course, the hope with the new law is that parents will opt to vaccinate their children and send them to school. But there’s a lot of uncertainty, in Humboldt County, anyway, as to whether that will happen. Some families clearly are not going to do it. Take Tenae LaPorte, who has quit her job in a local dermatologist’s office to homeschool her children. She had planned on sending them to Fieldbrook Elementary but is dead set against vaccinating them. “We can do this,” LaPorte said of homeschooling and shifting her family from a two- to a one-income household, “because it’s currently our only option we are willing to take.”

Sitting in her office at the Humboldt County Office of Education, Special Education Director Tess Ives said there’s one other large issue looming with the new vaccination law: What to do with the thousands of kids in Humboldt County who receive some sort of special education through what’s called an individualized education plan, or an IEP. Under the law, districts and the county are responsible for providing the specialized services these kids need to get an education, a huge spectrum of offerings that range from special day classes to a bit of extra instruction or therapy. Even though schools might not be able to admit unvaccinated children under S.B. 277, that doesn’t alleviate their special education obligations.

As the first day of school approaches, there’s an anxiety building in many administrative offices throughout Humboldt County. The anxiety doesn’t seem to be pervasive, but cloistered in different pockets throughout the region. And it centers around a simple question: Will students show up?

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**“It’s easy to understand the controversy. After all, the bill mandated a medical treatment for children that some fear has adverse health impacts, with state lawmakers essentially telling parents:
We’re putting public health before your concerns for your immediate family.”**

This article details that the State Education Department is not offering guidance, leaving districts on their own to figure it out, and on the hook if they get it wrong. "In the end it is the implementers", i.e. us, who will be liable.

Further below is another article describing a district that is almost certainly doing it wrong, quarantining completely healthy 7th grade children who are missing the 6th DTaP injection.

Avoiding controversy, California declines to clarify vaccination law and special ed

By Jane Meredith Adams | May 9, 2016 | 9 Comments



<http://edsources.org/2016/avoiding-controversy-california-declines-to-clarify-vaccination-law-and-special-ed/563650>

Let the courts decide.

That appears to be the stance of the California Department of Education as state regulators have so far declined to answer pleas from school districts to clarify what California's new vaccination law means for the 700,000 students who receive special education services.

Known as Senate Bill 277, the state law makes California one of three states to permit exemptions to school vaccinations only for medical reasons. Gone are exemptions based on religious or personal beliefs. The law says all public and private school students must be vaccinated against 10 communicable diseases unless they have a medical exemption, they are home-schooled or they are enrolled in independent study with no classroom instruction.

With school districts beginning to enforce the law on July 1, legal experts say a conflict is likely to arise between the state mandate and the federal Individuals with Disabilities Education Act, which says students who qualify for special education services, such as intensive reading interventions that are provided in general classrooms, must receive those services. A conflict also has the potential to unite two impassioned groups of parents — those who oppose vaccinations and those who insist on the right of students to receive special education services in mainstream classrooms, attorneys said.

But what if the special education student is unvaccinated? Would that student be allowed to attend school? Or would an unvaccinated special education student have to receive services at home? Lawyers have lined up on both sides of the issue, offering conflicting opinions on how the state law intends school districts to carry out its mandate. It's an argument that lawyers on both sides say is likely to end up in court.



CREDIT: JANE MEREDITH ADAMS/EDSOURCES TODAY

The California Department of Education has said it will not be providing guidance on interpreting the new law, although it typically does so with new legislation, said Greg Rhoten, chairman of the Special Education Local Plan Area Administrators of California, which represents special education programs in the state. Rhoten said he asked two experts — Fred Balcom, the director of the special education division of the California Department of Education who retired last year, and Chris Drouin, now the interim director of special education — for guidance from the department and was told by both that none would be forthcoming.

"I assume the state is trying to be careful about assuming risk for interpretation of the law," which could make the department a party to a lawsuit, Rhoten said. "In the end, it's the implementers," he said, referring to the school districts. "They're the ones who have to make the calls and do their best."

By [Charity Lindsey](#)

[Print Page](#)

August 31, 2016 4:45PM

Parents distressed over students being 'quarantined' at Encore High School

HESPERIA — Under new law, all California students must be vaccinated against common diseases in order to attend school, no longer able to opt-out for personal or religious reasons.

Enforcement of the law, however, seems to still be unsettled within some schools, including Encore High School for the Performing and Visual Arts in Hesperia, where students without proof of vaccinations are being "quarantined from class."

According to Encore's website, "students without proof of a TDAP vaccination on file will have to be quarantined from class until proof it provided." This was confirmed Wednesday by Encore Chief Operations Officer John Griffin.

As these exhibits show, if WA eliminates the Non-Medical Exemptions that were part of the original 1980 vaccine legislation it will cause turmoil. This should only be done with careful research and consideration as to the need, effect, and best practices to balance educational rights with public safety. Here is a summary, full report is attached.

HB2009 Opposition Briefing Executive Summary

HB 2009 would eliminate Informed Choice / Personal Belief Exemptions from school attendance required vaccines. This bill is not needed. Exemption use is low and responsible. HB2009 would improperly deny children of their Washington State Constitutionally guaranteed education for missing as little as a single injection with no corresponding increase in student, school, or community safety.

The K-12 exemption rate is only 3.8% and declining, the Kindergarten rate is 3.3%. Very few exemption users have no vaccines. The majority of exemption use is for selective vaccination where a parent is avoiding a follow up dose of a vaccine that caused an unacceptable reaction, or to avoid the recently added Chicken Pox, or to opt out of Hepatitis B, which cannot be contracted in the school setting. **In the overall K-12 system no vaccine is exempted greater than 3.2% from all types combined-** Medical, Personal Belief and Religious. That is the maximum downward effect exemptions can have on vaccination rates. **100% - 3.2% = 96.8%. Any rates below 96.8% are unrelated to exemptions.**

Exempt does not mean Unvaccinated. Washington requires 16 vaccine injections for Kindergarten to 5th grade attendance, a 6th TDaP for 6th to 12th grade, and an additional 9 injections for Child Care and Pre-School. A Washington child in State Licensed facilities is subject to 26 injections birth through High School graduation. There are no single shot vaccinations, there are seven, 2 to 6 injection vaccine series. **An exemption is required to miss any single injection of any of the series, and the WA DOH classifies any child as “exempt” even if they are missing only 1 injection. A child with 15 of 16 injections or 0 of 16 injections for Kindergarten are both classified exempt. It is an “all or nothing” measurement.**

What about “low” Kindergarten vaccination rates? The K exemption rate is only 3.3%. $100\% - 3.3\% = 96.7\%$. **Rates below 96.7% are due to the 12.9% “Out of Compliance” category, not exemptions.** 4 of the 16 Kindergarten injections are CDC scheduled between age 4 and 6. WA enrolls children into Kindergarten who turn age 5 just days before school starts. Younger children are still getting final injections during the Kindergarten school year. WA DOH does not credit incomplete series and categorizes children still in process of getting final vaccine series injections as “Out of Compliance”, until “Complete”. The report closes on November 1, and is a snapshot of the first eight weeks of the school year. As soon as all the children age into final injections the documented vaccination rates are 95% +.

What about “Dangerous Pockets?” “Dangerous Pockets” are a measuring artifact, and created, by classifying any child who is less than 16/16 injections (Kindergarten), or 17/17 injections (6th to 12th grade) “Exempt”, and using percentages to measure “Exempt”, in small populations. WA School Districts range in enrollment from as few as 14 children (Benge & Shaw Island), where each child who is less than 16/16 or 17/17 adds 7.14% to the exemption rate, to 67,000 (Seattle), where one child adds only .0014% to the exemption rate. **“Dangerous Pockets” are created by the measurement policies.**

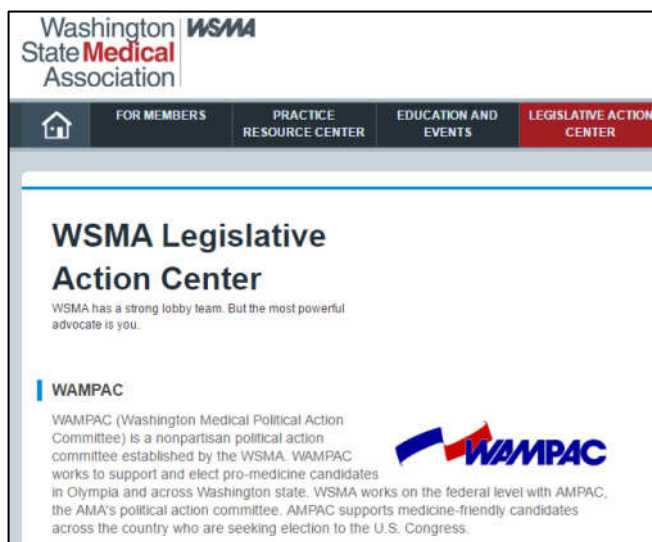
The bill will not “raise” vaccination rates. Vaccination rates are already over 95% once the children are of age, raise them to where? **It will simply drive children with less than 16/16 & 17/17 injections out of school. No Parent is casually or recklessly using an exemption.** The pressure to vaccinate is quite strong and no parent exempts without a great deal of thought and consideration. Parents must meet with and have the Exemption form signed by a Doctor. These are deeply held positions, **and a rule change won’t “make parents just start vaccinating”, because for the most part they already are, or have vaccinated.** Parents are responsibly using exemptions to direct their child’s health care. **The State should not be conditioning a child’s education on compliance to a medical procedure requiring informed consent.**

Action Item- *Notify your Professional Association, State Senator & Representatives-
We don’t need this bill, and don’t let Medical Trade Groups set education policy.*

As the summary demonstrates there is no reason to change the already successful system that has 96.8% of WA students either vaccinated or in process. In order to attempt to garner support for this unneeded legislation, the WSMA, a sister group to the CA SB277 promoters, produced very misleading materials. Below are examples.

In Washington HB2009 has been strongly supported and misrepresented by the Washington State Medical Association, the state affiliate of the AMA / AAP. This group is normally lobbying on business issues such as reimbursement rates, scope of practice, licensing issues, etc.

In WSMA press releases vaccination and exemption rates and other key data is being distorted in order to make it appear that legislation restricting exemptions is necessary when it is not.



“Dangerously low levels of vaccination in some communities”? False.

Kindergarten exemption rate is only 3.3%, 100% – 3.3% = 96.7%. K rates below 90% are not related to exemptions, but final injection timing.

The “30% – 40%” schools are created by calling every child less than 16/16 injections “exempt” and using percentage measurement in very small schools and districts, many with less than 10 Kindergarteners.

Action Item- Notify your Professional Association, State Senator & Representatives-
We don't need this bill, and don't let Medical Trade Groups set education policy.

Oppose legislation that restricts or eliminates non-medical vaccine exemptions

More misrepresentations: Would Governor Inslee support this if advised of the true facts?

Gov. Inslee joins the WSMA in support of effort to limit vaccine exemptions



Last week Gov. Jay Inslee announced his support of House Bill 2009, which would remove personal and philosophical opposition as an acceptable reason for parents to not vaccinate their school-age children. The governor joins with the WSMA in support of this timely and much needed legislation (delegates at the 2014 WSMA annual meeting passed Resolution A-1, directing the WSMA to advocate for the elimination of personal and philosophical vaccine exemptions for school, child care and preschool immunization requirements).

Washington is one of 20 states currently allowing exemptions for personal reasons. According to CDC data from 2013-2014, our state's vaccination rate for kindergarten-age children remains below the 90 percent federal baseline for preventing outbreaks. When compared with rates across the rest of the U.S., Washington state lands in the bottom quintile.

Due to final injection timing, not the 3.6% exemption rate

Our exemption rate for kindergarteners during the 2013-14 school year, medical and non-medical, was 4.6 percent (3.6 percent claimed non-medical exemptions). Of the 3,177 children with non-medical exemptions, 2,866 claimed personal/philosophical reasons (only 311 exemptions were religious-based).

Out of 80,000 plus Kindergartners

In 2011, the state Legislature passed legislation requiring parents or guardians seeking exemptions for their school-aged children to submit a certificate of exemption (or letter) signed by a licensed physician. The introduction of this new administrative barrier achieved its intended effect, with state exemption rates declining significantly from a peak high of 7.6 percent in the 2008-9 school year.

The rate jumped when Chicken Pox was quietly added as a requirement and sympathetic school staff offered parents exemptions to ease enrollment. Vaccination rates were still 96%+ for the other shots.

While the state has made progress, more can, and should, be done. The rate of exemptions are not spread equally across the state: In an extreme example, Department of Health data show that in 2014, 23.1 percent of kindergartners in the Vashon Island School District claimed exemptions—five times the state average.

The evidence is clear that such exemptions lead to more children remaining unvaccinated and at risk for potentially deadly vaccine-preventable diseases. With the measles and mumps joining whooping cough and the flu making headlines in our state, the time to act is now. Immunizations are among the most effective ways to protect everyone from serious, preventable illnesses. The WSMA will advocate on behalf of HB 2009 during the state legislative session.

This incorrectly includes medical exemptions: Vashon's non-medical rate is 18.8%. Vashon Island School District is so small they have only 80 Kindergarten students districtwide, each one counting more than 1%, so the 18.8% is only 15 children using an exemption to be less than 16/16 injections, on an isolated island in the Puget Sound.

Should an individual district's 15 student example be used to promote statewide legislation?

School District	School year	Reported enrollment	Percent conditional	Percent out of compliance	Percent with any exemption	Percent with medical exemption	Percent with personal exemption	Number conditional	Number out of compliance	Number with any exemption	Number with medical exemption	Number with personal exemption
VASHON ISLA	2014-15	80	8.8%	20.0%	22.5%	3.8%	18.8%	7	16	18	3	15

It is easy to see why this type of legislation can pass when it is misrepresented in this fashion, under the color of this type of organization, and the professional status of its members. When the misrepresentations are not corrected, supporting the bill seems to be the only responsible choice. These misrepresentations must be countered. When the actual facts are examined the bill is unneeded.

If the education system sits by as this occurs, we will be the ones dealing with this unneeded, unworkable legislation.

Oppose legislation that restricts or eliminates non-medical vaccine exemptions

HB 2009 was dropped without any coordination with the WA education system. After the California bill SB277 passed in the spring of 2015, I contacted OSPI to find out what mitigating options to prevent or offset FTE loss would be available to small districts (we have 60 FTE + or -, each one is critical to our funding). These could be waivers, or financial offsets for FTE loss caused by the bill, etc.

I was very surprised to discover that OSPI was ignorant that HB2009 was in play. This really amazed me - here is legislation that could ban 41,000 students from attending school, yet OSPI was unaware?

I attended a State Board of Education meeting at my local ESD in the Fall of 2015. At that meeting I presented some of this material and made a connection with 2010 WSSDA President and current SBOE Executive Committee Vice Chair Kevin Lavery. Mr. Lavery took the time to study this issue. I sent him an HB2009 Opposition briefing (Executive Summary presented above) at the beginning of the 2016 legislative session, and later information regarding the difficulties with SB277 in California.

Mr. Lavery's reply was:

"Thanks, interesting how this is playing out, (in CA) including the Vacaville example of a parallel system". <http://www.dailyrepublic.com/news/vacaville/vacaville-schools-provide-learning-options-for-children-not-vaccinated/>

"I do agree - based on our previous discussion - with you that you are proposing a common sense solution for small school districts".

(We have discussed the idea of at least obtaining some type of waivers to protect smaller districts who would be disproportionately harmed from FTE loss from having to exclude less than 16 or 17 injection students).

"I think the storyline that is missed **(in the legislation support narrative claiming overuse of exemptions and low vaccination rates)** is the number of vaccinations now required, the overlap and the ages at which they can be administered. I hope legislators understand that." **(They won't unless we tell them)**

(This is recognition that the bill supporters are misrepresenting vaccination rates and exemption usage to generate unwarranted support for the bill. This causes legislators to think there is a risk. Mr. Lavery is pointing out that when someone takes the time to actually understand the issue it dissolves).

Mr. Lavery is being generous by saying, "missed storyline". HB2009 bill supporters are using talking points that indicate they either do not understand how vaccination and exemption measurement policy effects rate and exemption measurement, or they are deliberately misrepresenting the issue. These talking points are each clearly refuted in the 2016 HB2009 Opposition Briefing Executive Summary, compared to WSMA Bill support materials (both above).

The way Vashon Island is used above demonstrates one of the tactics of the pro-legislation lobbyists. They are taking advantage of the distortion caused by using percentage measurement in micro populations without disclosing their size, and using this as an "example" of why the legislation is required. Another pro-legislation claim is that WA has school districts with "40% plus exemption rates", implying this is a danger. This percentage is technically correct but a wild mis-characterization, as these 2 districts, Benge, in central WA, and Shaw Island in the Puget Sound have only 14 students each. The "40%" in these districts is only 6 children who have less than all injections.

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Washington has 40 or so rural and isolated districts with less than 100 students where one child with an exemption is more than 1% of the group. These districts will always measure poorly by percentage. The State does not allow using percentages to report academic testing results in groups this small, they should not allow it for vaccination, either. This is hardly representative of normal sized districts. 90 districts have less than 300 students and will measure poorly by percentage when missing 1 of 16 or 17 injections is considered "exempt", and then measured by percentage.

I contacted Superintendent Robert Moore of Benge School District, and Business Manager Deanna Shannon of Shaw Island School District, the two example districts, about HB2009. Neither of them was aware that their districts were being referenced to support the bill, which would almost surely close their districts if it passed. I asked them the following questions:

I am working on a proposal for the WSSDA legislative committee regarding vaccine exemptions rules.

If you don't mind answering, did you know that your district was being cited by proponents of legislation last year as an excessively high exemption rate district, without disclosing your small enrollment number?

Do you agree with their assessment that your school is in potential danger due to vaccine exemptions?

Do you agree with their proposed solution, that you exclude from school any children who have less than all of the 16 (K-5) injections or 17 (6th to 12th grade) injections currently required?"

Superintendent Moore answered:

"I was not aware of our district being cited for anything. Specifically, regarding vaccinations, if legislation was able to exclude children who aren't vaccinated by state requirements, our school WOULD be in danger. We do have a high number of "opt outs" from parents who feel the state invades their personal rights to privacy and freedom to choose for themselves. If the role of the state is to educate every child, it seems they're undermining their own role. Also, if a family chooses not to vaccinate, it only hurts themselves. The others who are vaccinated shouldn't have to worry. Students need to be in school. Please continue to work for the students. Changing the requirements to make things more restrictive isn't going to change these families out here. If anything, they'll pull their kids out of school and home school them, which only hurts the kids socially. It also puts small rural schools under more pressure to have enough students to stay open, under current WA laws."

Business Manager Deanna Shannon replied:

"I did not know any of the information cited Due to our small numbers and the fact that just one large family could skew our percentages, it would seem unreasonable to me that our data be used without disclosing our enrollment. Because our school is small, it is quite easy to mitigate danger. It would be detrimental for our small school to be required to exclude students with less than the 16 required number of immunizations.

I am including our board in this email. Are there any steps you suggest for our board/school district to respond to the potential legislation?"

Action Item- *Notify your Professional Association, State Senator & Representatives-
We don't need this bill, and don't let Medical Trade Groups set education policy.*

Oppose legislation that restricts or eliminates non-medical vaccine exemptions

The example districts that HB2009 is supposed to “help”, or “fix”, don’t agree there is a problem and don’t want the solution.

Summary

The reason I am writing is that our small school district cannot afford the energy, time, or expense of the problems associated with banning less than 100% injection students. I can’t imagine any districts want to deal with these problems.

I am attempting to alert the WA education system to what may be unintended consequences to this type of legislation.

I think it is important for the Education System to carefully examine any legislation, and to be certain to provide input so that we are not saddled with the issues that CA is already experiencing.

This is not about whether children should be vaccinated, it is about whether children who don’t have every injection should be barred from school. This is much more nuanced than “vaccines are good”.

At Salmon Bay Alternative K-8, 40 children have all requirements except the Chicken Pox vaccine, which was not even a requirement 10 years ago, and was only licensed 20 years ago. 20 years ago none of the children anywhere were vaccinated for Chicken Pox. Should these 40 children be barred from school?

In Vashon Island School District 68 children exempt from only the Hepatitis B vaccine. The risk of an at school Hepatitis B transmission is so low that a known Hepatitis B infected child is allowed unrestricted attendance. Should these 68 children be barred from school?

Banning the less than all injection children is a sledgehammer action for a non-issue.

Should the Washington Education system really hold the position that we know better than a parent what medical care their child should receive?

Does the Education System really want to be the “vaccination police”?

Suggestions:

Please contact WSSDA, WASA, OSPI, and be certain they realize all of the factors that are in play when you start to exclude students from school.

Should legislation be introduced again the Education System needs to be at the table to ideally oppose it outright, or at the least require mitigating amendments grandfathering, waivers for small districts, allow districts to designate certain schools to be less than 100%, etc.

Please consider adding your name to a letter supporting the current vaccine policy and opposing restricting or eliminating non-medical exemption.

Best Regards,

Karl Kanthak

Mt. Pleasant School District

Action Item- *Notify your Professional Association, State Senator & Representatives-
We don’t need this bill, and don’t let Medical Trade Groups set education policy.*

This paper was produced by highly credentialed, vaccine specialist academics. They acknowledge that there is a wide disparity between the contagiousness, seriousness, and transmission vectors of "vaccine preventable diseases" VPD; and a wide disparity in the efficacy, durability, and porousness of available vaccines. Taking these variables into consideration they warn against the blanket removal of non-medical vaccine exemptions. They argue that only one VPD, measles, for which WA has already comfortably exceeded the desired vaccination rates, could warrant that drastic action, and then only after other efforts have been exhausted and failed.

Childhood Vaccine Exemption Policy: The Case for a Less Restrictive Alternative

Douglas J. Opel, MD, MPH,^{a,b} Matthew P. Kronman, MD, MSCE,^b Douglas S. Diekema, MD, MPH,^{a,b,c} Edgar K. Marcuse, MD, MPH,^b Jeffrey S. Duchin, MD,^{d,e,f} Eric Kodish, MD^g

Washington already comfortably exceeds this threshold. The K-12 MMR all type exemption rate- medical and non-medical combined- is only 3.0%, 100% - 3% = 97%. Exemptions are not a threat.



Efforts to restrict parents' ability to exempt children from receiving vaccinations required for school entry have recently reached a pinnacle. The American Medical Association voiced support for eliminating nonmedical exemptions (NMEs) from school vaccine requirements,¹ and California enacted legislation doing so.² Although laudable in their objective, policies eliminating NMEs from all vaccines are scientifically and ethically problematic. In the present article, we argue for an exemption policy that eliminates NMEs just for the measles vaccine (MV) and is pursued only after other less restrictive approaches have been implemented and deemed unsuccessful.

CAUSE FOR DISTINCTION

A policy to eliminate NMEs just from MV is based on the premise that the nature and scope of the immediate threat to public health posed by measles and the ability to avert that threat with MV is distinct among vaccine-preventable diseases (VPDs). There are 3 features that, when considered in combination, support this premise. First, measles virus is extraordinarily contagious. Its basic reproduction number is 12 to 18.³ Only 1 other vaccine-preventable infectious agent is as contagious (*Bordetella pertussis*); all others have a basic reproduction number that ranges from 4 to 7. Due to this contagiousness, a

very high rate of community immunity (~92%–94%) must be achieved and sustained to prevent spread of the disease.⁴

Second, measles remains an important public health burden.⁵ Although other VPDs may be more common (eg, pertussis⁶) or have more severe typical cases (eg, invasive *Haemophilus influenzae* type b disease⁷), measles disease is severe enough,^{8,9} outbreaks common enough,^{10,11} and containment costly enough to be a significant threat to public health.¹² Furthermore, because measles virus is endemic in many countries, periodic introductions in the United States are inevitable.^{13,14}

Third, MV is safe and effective at preventing an outbreak. Adverse outcomes from MV are extremely rare,¹⁵ and when administered in 2 appropriately spaced doses, MV induces durable immunity.^{16,17} It is estimated that MV has reduced measles cases by >99.9% in the United States.¹⁸ Although other childhood vaccines are similarly safe and effective, a notable exception is the efficacy of diphtheria, tetanus, and acellular pertussis vaccine. Protection against pertussis wanes considerably after the fifth diphtheria, tetanus, and acellular pertussis vaccine dose¹⁹ and the 10-year booster,^{20,21} limiting its utility in controlling outbreaks.²²

CHALLENGING CONVENTION

The combination of these 3 features makes measles exceptional among

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Dr Opel conceptualized and designed the study and drafted the initial manuscript; and Drs Kronman, Diekema, Marcuse, Duchin, and Kodish reviewed and revised the manuscript. All authors approved the final manuscript as submitted and agree to be accountable for all aspects of the work.

Opinions expressed in these commentaries are those of the author and not necessarily those of the American Academy of Pediatrics or its Committees.

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VPDs. As such, measles challenges the one-size-fits-all approach to vaccine exemptions that characterizes current policy; **neither the risks to public health of each VPD nor the benefits of the vaccines that protect against these VPDs are the same, and thus there is no scientific or epidemiologic reason that NMEs should be applied uniformly to all vaccines.** Rather, because the risk to public health and the benefit of immunization are greatest for measles, the scientific justification for eliminating NMEs from MV is strongest. Vaccine policy should reflect this approach by focusing on eliminating NMEs just for MV.

A focused NME policy has several advantages over a one-size-fits-all approach. First, it is more likely to be politically achievable. Despite California's success (Vermont also eliminated personal belief exemptions from all vaccines while maintaining religious exemptions), several other states recently failed to pass similar sweeping laws (including Maryland, New Mexico, Oklahoma, Rhode Island, and Washington). An NME policy focused on measles is potentially more achievable because it intrudes less upon liberty by retaining some NMEs while still protecting public health by promoting uptake of a vaccine that can effectively prevent a VPD that poses an immediate threat.

Second, a focused policy will likely be more sustainable. The presence of NMEs reduces the coerciveness of school vaccination requirements, which in turn enhances the acceptability of these requirements. **Eliminating NMEs altogether undermines this effect, and it risks inciting a backlash** that could culminate in a weakening of school vaccine requirements. History is riddled with precedent,²³ and **the tension in the wake of the new California law is already palpable.**^{24,25}

Third, a focused policy may be easier to enforce. The tasks delegated to

local schools and health departments in assessing valid vaccine doses are complex and vary according to vaccine. Whereas schools and health departments may be overwhelmed with enforcing medical-only exemptions for all required vaccines, doing so only for MV seems less onerous. What counts as a valid MV dose for routine vaccination, for instance, is straightforward: 2 doses separated by at least 28 days beginning at 1 year of age. It may also be easier to enforce a policy that addresses current public concerns about those who opt-out of MV for nonmedical reasons.²⁶

RISKS AND REMEDIES

An exemption policy that singles out MV, however, is not without risk. It may contribute to the misperception that other recommended vaccines are less important to protect child health, which could erode parental acceptance of these vaccines and result in loss of herd immunity and recrudescence of disease. In an already time-limited vaccine encounter, this policy may further exacerbate pediatric providers' difficult task of making a compelling case to parents to vaccinate their child.

However, discrepancies already exist between vaccines required for school-entry and recommended by the Advisory Committee on Immunization Practices without evidence of a negative effect. For instance, only 12 states require hepatitis A vaccination for school enrollees²⁷ despite a 2-dose hepatitis A series beginning at 12 months of age recommended by the Advisory Committee on Immunization Practices since 2006²⁸; nonetheless, national coverage rates for hepatitis A have been increasing since 2010.²⁹ In addition, the medical and public health communities have thoughtfully approached similar vaccine policy challenges in the

past, such as with thimerosal and alternative vaccine schedules.³⁰

³¹ Deliberation about a focused exemption policy could be equally as productive.

Other potential problems include feasibility. Without a monovalent MV available in the United States, an unintended consequence of a focused policy may be increased demand for such a vaccine. In addition, resources would be needed for a state to periodically reexamine the vaccine/VPD features integral to this exemption policy because disease epidemiology and vaccine efficacy change. Clear criteria will be needed to determine when NMEs are no longer justifiable for each vaccine/VPD pair. However, this reexamination could use existing resources (eg, Centers for Disease Control and Prevention and state vaccine/VPD data) and could also facilitate an assessment of the policy's effectiveness.

THE LEAST RESTRICTIVE ALTERNATIVE

Perhaps the most persuasive argument against invoking a sweeping policy that eliminates NMEs from all vaccines is that it violates the ethical principle of least restriction. This principle offers guidance for balancing the competing values of individual liberty and the common good inherent to vaccination policy: "if two options exist to address a public health problem, we are required, ethically, to choose the approach that poses fewer risks to other moral claims, such as liberty, privacy, opportunity, and justice, assuming benefits are not significantly reduced."³² A focused policy that eliminates NMEs just from MV is simply 1 alternative to eliminating NMEs from all vaccines; **other effective options include increasing the effort required to claim an NME³³** and enforcing current vaccine requirements.^{34,35}

In fact, because these latter options retain the ability to opt-out of all vaccines (hence, are even less restrictive than a focused NME policy) and have yet to be optimized in the United States, they should take priority. Indeed, not only have many states made obtaining NMEs relatively easy,³⁶ but school vaccine requirements often go unenforced. In several states, the proportion of children in 2014 to 2015 who were out of compliance with school vaccine requirements exceeded the proportion exempt.^{37–39}

CONCLUSIONS

Our goal is simple: to see as many children immunized as possible. We believe a policy to eliminate NMEs from MV alone is more justifiable, sustainable, and enforceable than eliminating NMEs from all vaccines and therefore more likely to achieve this goal. **We contend, however, that this focused NME policy should only be pursued as a primary strategy for achieving target MV coverage levels after other less restrictive approaches have been optimized.**

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ABBREVIATIONS

MV: measles vaccine
NME: nonmedical exemption
VPD: vaccine-preventable disease

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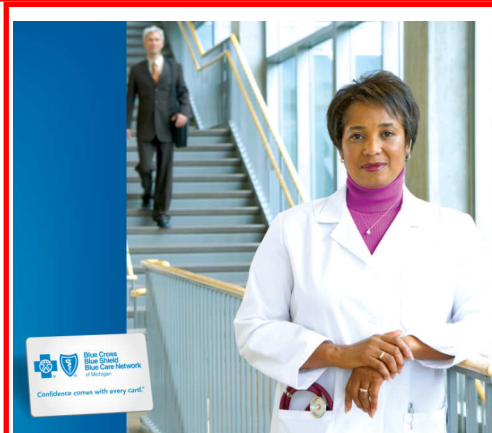


This chart details how a Pediatrician office can receive a \$400 per child bonus if they can get 63% of their 24 month old patients to accept 22 vaccine injections & 2-3 oral vaccine doses. A typical practice can have a hundred children or more potentially qualifying every year.

HEALTH CARE OUTCOMES: PREVENTIVE HEALTH

CHILDHOOD IMMUNIZATIONS – COMBO 10

Product lines	BCN Commercial
Source	HEDIS
Description	<p>The percentage of children 2 years of age who meet the combination 10 criteria on or before their second birthday:</p> <ul style="list-style-type: none"> • (4) DTaP* vaccinations • (3) IPV* vaccinations • (1) MMR vaccination • (1) VZV vaccination • (3) HiB* vaccinations • (3) Hepatitis B vaccinations • (4) PCV* vaccinations • (1) HepA vaccination • (2 or 3) RV* vaccinations • (2) Influenza** vaccinations <p>*Vaccinations administered prior to 42 days after birth are not counted as a numerator hit. **Vaccinations administered prior to 180 days after birth are not counted as a numerator hit.</p>
Continuous enrollment	Must be continuously enrolled 12 months prior to child's second birthday
Age criteria	Children who turn 2 years of age during 2016
Exclusionary criteria	Children who are documented with an anaphylactic reaction to the vaccine or its components
Numerator	The number of children who completed vaccinations as defined above
Denominator	The eligible population
Level of measure	Provider level
Target: COMM	63%
Payout: COMM	\$400 per Combo 10 completed for each eligible member



2016 Performance Recognition Program

PROVIDER INCENTIVE PROGRAM FOR:

- BCN Commercial HMO
- BCN Advantage™ HMO-POS
- BCBSM Medicare Plus Blue™ PPO

Observers are asking if it is possible that Pediatric practices who are excluding parents that do not want the entire schedule are trying to keep percentages up to maintain bonus qualifications ?

<http://thephysicianalliance.org/wp-content/uploads/2016/03/2016-BCN-BCBSM-Incentive-Program-Booklet.pdf>